

**IOWA CERTIFIED LOCAL GOVERNMENT  
2006 ANNUAL REPORT**

CLG Participating City, County and Land Use District Profile

NAME OF THE CITY, COUNTY, OR LAND USE DISTRICT: CITY OF COUNCIL BLUFFS

Mailing Address of the Mayor, Board of Supervisors, or Land Use District Trustees (DO NOT GIVE MAILING ADDRESS OF STAFF OR COMMISSION CONTACT):

Thomas P. Hanafan, Mayor, City of Council Bluffs, 209 Pearl St., Council Bluffs, IA 51503

Phone Number: 712-328-4601

Fax Number: 712-328-4695

Email: N/A

Website: www.councilbluffs-ia.gov

Section I.

Locating Historic Properties

Identification, Evaluation, and Registration Activity

CLG Standards found in CLG Agreement and National Historic Preservation Act

- ◆ The CLG shall maintain a system for the survey and inventory of historic and prehistoric properties in a manner consistent with and approved by the STATE.
- ◆ The CLG will review National Register nominations on any property that lies in the jurisdiction of the local historic preservation commission.

1. Please provide complete reports and site inventory forms from historic identification/survey, evaluation and/or registration/nomination projects that the City, County, or Land Use District completed in 2006. Do not include projects that were funded with a CLG grant or mandated by the Section 106 review and compliance process.

*Lincoln/Fairview Historic District nomination*

*Chevra B'nai Yisroel Synagogue nomination*

2. How many NRHP Properties in your City, County or LUD were altered, moved or demolished in 2006? six

3. In 2006, how many additional properties (landmarks, sites, zones or districts) did your city place on its list of locally designated historic landmarks and/or historic districts? Please attach a copy of each designation nomination and ordinance. None.

4. In 2006, were there any actions to revise, amend, change or de-list a locally designated property? If so, how many? Please attach documentation of the review and appeal

process and decisions made by the historic preservation commission, planning and zone commission, city Council, District Court or other governmental agency or official involved with the process. Exterior modifications reviewed include properties at: 108 West Broadway, 110 West Broadway, 112-114 West Broadway, 128 West Broadway, 405 West Broadway, 1 Bluff Street. The staff reports and Certificates of Appropriateness are attached for each.

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## Section II Managing, Protecting, and Preserving Historic Properties

- ◆ The CLG will enforce all appropriate state and local ordinances for designating and protecting historic properties
- ◆ The CLG shall provide for adequate public participation in the local historic preservation programs

5. Did your city, county, LUD or its historic preservation commission undertake any of the following activities in 2006? Please think broadly about this question and include any activity (small or large) that facilitated historic preservation in your community.

- a. Historic preservation planning. Examples include the development or revision of an preservation plan, development of a work plan for your commission, etc. (use additional pages if needed) No

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- b. Provided technical assistance on historic preservation issues or projects. Examples include working with individual homeowners, business owners, institutions to identify appropriate treatments and find appropriate materials, research advice, etc. (use additional pages if needed) No

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- c. Undertook educational programming in historic preservation. Examples include training sessions offered to the public, walking tours, open houses, lectures, Preservation Month activities, etc. (use additional pages if needed) .

Preservation Month Activities

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6. If the city or county amended its historic preservation ordinance or resolution or passed additional ordinances or resolutions that impact historic properties, please attach copies of the amendments and new ordinances or resolutions. N/A

7. If new or revised design standards and/or guidelines were developed and adopted during 2006, please attach a copy. N/A

8. Are there any particular issues, challenges, and/or successes your preservation commission has encountered or accomplished this year? N/A

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Section III  
Historic Preservation Program Administration

- The CLG will organize and maintain a historic preservation commission, which must meet at least three times per year.
- The commission will be composed of community members with a demonstrated positive interest in historic preservation, or closely related fields, to the extent available in the community.
- The commission will comply with Iowa Code Chapter 21 in its operations.
- Commission members will participate in state sponsored or approved historic preservation training activities.

10. List dates of meetings held. March 1, 2006; April 5, 2006; May 3, 2006; June 7, 2006; September 6, 2006

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11. Please update the attached CLG Personnel Information Table.  
Completed

12. Please attach biographical sketches or resumes of commissioners who were newly appointed in 2006.

N/A

13. Please complete the 2006 Commission Training Table.  
Completed

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PLEASE SIGN and DATE

Name

IF SUBMITTING ELECTRONICALLY, MAIL ONE (1) HARD COPY OF THIS PAGE.

IF SUBMITTING PAPER/HARD COPY, MAIL ONE (1) HARD COPY OF THE REPORT.

Paula A. Mohr  
Historic Preservation Office  
Historical Building  
600 East Locust St, Des Moines IA 50319-0290  
[Paula.mohr@iowa.gov](mailto:Paula.mohr@iowa.gov)

## 2006 Historic Preservation Training Table

In this table, provide information about the commissioners' involvement in historic preservation training, listing the name of the conference, workshop or meeting; the sponsoring organization; the location and date when the training occurred. Be sure to provide the names of commissioners, staff, and elected officials who attended.

Name of Training Session: *N/A*

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Biographical Sketch  
Applicant for Historic Preservation Commission

NAME: (Mr. Mrs. Ms. Dr.): N/A. *No Commissioners appointed in 2006.*

ADDRESS:

WORK PHONE NUMBER WORK: (     )

HOME PHONE NUMBER: (     )

EMAIL ADDRESS:

INTEREST IN LOCAL HISTORY AND HISTORIC PRESERVATION (Describe education, employment, memberships, publications, and/or other activities which indicate your interest in and commitment to historic preservation; or provide a statement detailing your interest in local history and commitment to historic preservation; use extra sheets if necessary)

EDUCATION:

EMPLOYMENT:

INTEREST:

While serving on the \_\_\_\_\_ Historic Preservation Commission, I will work to insure that the commission enforces the Historic Preservation Ordinance/Resolution; upholds the CLG Agreement with the State of Iowa, and works in compliance with the Secretary of the Interior's Standards for Archaeology and Historic Preservation.

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Signature

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Date

2006-2007 CLG Personnel Table

A. Please list the names of the Historic Preservation Commissioners who served during 2006: *Matt Johnson, Roxanne Johnson, Sally Madsen, Anne McKeown, Pat Murphy, Phyllis Otto, Cal Petersen*

B. CHIEF ELECTED OFFICIAL 2006

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr.

First Name: *Mr. Thomas*

Initial: *P.*

Last Name: *Hanafan*

CHIEF ELECTED OFFICIAL 2007

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr. *Same*

First Name:

Initial:

Last Name:

C. STAFF PERSON FOR THE HISTORIC PRESERVATION COMMISSION

Mr. Mrs. Ms. Dr.

First Name: *Rose*

Initial: *E.*

Last Name: Brown

Job Title: *Urban Planner*

Mailing Address: *209 Pearl Street, Council Bluffs, IA 51503*

Phone Number: *712-328-4629*

Email Address: *rbrown@councilbluffs-ia.gov*

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

**2007 HISTORIC PRESERVATION COMMISSION:** *No Changes to the 2007 Commission, no completed per phone conversation with Paula Mohr, 12/27/06*

Please complete the following and provide information about the 2007 commission. Be sure to indicate how the individual wishes to be addressed (Mr., Mrs., Ms., Dr.). Please provide a work (circle W) or a home (circle H) mailing address, work (circle W) or a home (circle H) phone number and work (circle W) or a home (circle H) email address. Please provide new or updated information on past and present: profession, employment, training, preservation skills including ownership of a historic property (Past or present: profession/employment, preservation skills, historic property owner). If the commissioner represents a locally designated district, provide the name of the district (Representative, Name of Historic District). Specify the month, day, and year that the commissioner's term will end (Term Ends). If a commission member serves as contact with the State Historic Preservation Office for the Commission, please mark the check off box below that individual's name.

**CHAIRPERSON/COMMISSIONER**

Mr. Mrs. Ms. Dr.

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                      Day                                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle                      Yes                      No

**VICE CHAIRPERSON/COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                      Day                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.   Circle                      Yes                      No

**SECRETARY/COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                      Day                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.   Circle                      Yes                      No



**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                      Day                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.    Circle                      Yes                      No

**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                      Day                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.    Circle                      Yes                      No

**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                  Day                  Year

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.    Circle                          Yes                          No

**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address:

Home Phone Number:

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                  Day                  Year

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.    Circle                          Yes                          No